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TO: Commissioner of PatentsFAX NO.: 703-872-9306FROM: Eamon J. Wall/TVDATE: 4-21-04MATTER: Serial No. 09/737,370 Filed: 12/15/00DOCKET NO.: Davis 1APPLICANT: Davis

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

☐ Petition  
☐ Disclosure Statement & PTO-1449  
☐ Priority Document  
☒ Amendment - 16 pages

☒ Transmittal Letter (2 copies)  
☐ Fee Transmittal (2 copies)  
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/737,370
	Filing Date	12/15/00
	First Named Inventor	Davis
	Group Art Unit	2834
	Examiner Name	Editch M. Chang
Total Number of Pages in This Submission	Attorney Docket Number	DAVIS 1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response – 16 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) ( <i>please identify below</i> ):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Eamon J. Wall, Reg. No. 39,414 Moser, Patterson & Sheridan, LLP
Signature	<i>EJ Wall</i>
Date	4/21/04

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Typed or printed name	Carol Wilson	Date	4-21-04
Signature	<i>C Wilson</i>		

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